

HEATING FACILITIES AFFIDAVIT FOR AGRICULTURAL LABOR CAMPS

CAMP NAME: _____ CAMP I.D. #: _____

HOUSING OWNER: _____

HOUSING LOCATION: _____

Road Name

City

County

LIVING UNIT #	HEATER MAKE OR STYLE	BTU OR WATT RATING	HEATING PERIOD HEATER IS CAPABLE OF MAINTAINING 65°F:	FUEL TYPE
			FROM MM/DD: TO MM/DD:	
			FROM MM/DD: TO MM/DD:	
			FROM MM/DD: TO MM/DD:	
			FROM MM/DD: TO MM/DD:	
			FROM MM/DD: TO MM/DD:	
			FROM MM/DD: TO MM/DD:	
			FROM MM/DD: TO MM/DD:	

I have inspected the heating system(s) described above and found it to be operational, safely installed, and vented to prevent fire hazards and a dangerous concentration of gases. New systems are installed and vented in compliance with the manufacturer's instructions and the applicable mechanical code.

I believe the heating system to be capable of maintaining 65°F within each living unit during the heating period indicated above, given the living unit insulation value and construction.

If portable electric heaters are to be used, I have shown above the wattage and number of heaters needed per living unit; and, I have determined that portable heaters could safely be used.

Please complete and sign below to confirm that the above information is accurate to the best of your knowledge.

INSPECTOR/CONTRACTOR NAME (PRINT):		PHONE#:
STREET ADDRESS:		CITY/STATE:
SIGNATURE:		DATE:
MECHANICAL OR ELECTRICAL CONTRACTOR LICENSE #:		(OR)
LOCAL INSPECTION AUTHORITY:		

MAIL TO: Michigan Department of Agriculture
Environmental Stewardship Division
Migrant Labor Housing Program
P.O. Box 30017
Lansing, Michigan 48909